

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|---|-------------------------|--|---|--|--------------------------------|--|------------------------------|---|
| 1. DATE OF INCIDENT 11-NOV-2011 | | TIME 14:45:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | 3. LOCATION CODE 290 | | 4. BEAT/OCCUR 0815 | |
| MEMBER INVOLVED | 5. POSITION 9161 | | 6. LAST NAME HOFFMANN JR | | 7. FIRST NAME EUGENE L | | 8. STAR NO 18483 | | 9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT 511 | | 13. WT 150 | | |
| SUBJECT INFORMATION | 14. DATE OF APPT 03-OCT-1994 | | 15. EMPLOYEE NO [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 008 0824 | | 17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off | | 18. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | 23. RACE WHI |
| | 24. HT 508 | | 25. WT 120 | | 26. ADDRESS [REDACTED] | | 27. TELEPHONE NO [REDACTED] | | 28. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | 29. SUB/POT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 30. SUB/POT ALL BODILY INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 31. WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL | | 32. BY WHOM? DR FREDERICK | | 33. CONDITION <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized |
| REASON FOR USE OF FORCE (Check all that apply) | 34. CHARGES (PLAINT) [REDACTED] | | 35. DNA [REDACTED] | | 36. CS NO [REDACTED] | | 37. IR NO [REDACTED] | | 38. DNA [REDACTED] |
| | 39. SUBJECT'S ACTIONS | | 40. MEMBER'S RESPONSE | | 41. SUBJECT'S ACTIONS | | 42. MEMBER'S RESPONSE | | 43. SUBJECT'S ACTIONS |
| WEAPON DISCHARGE INCIDENT | 44. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 45. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | 46. LIGHTING CONDITIONS <input checked="" type="checkbox"/> (1) Daylight <input type="checkbox"/> (2) Night <input type="checkbox"/> (3) Dawn <input type="checkbox"/> (4) Dusk <input type="checkbox"/> (5) Poor Artificial <input type="checkbox"/> (6) Good Artificial | | 47. WEATHER CONDITIONS CLEAR | | |
| | 48. TASER DART ID NO. [REDACTED] | | 49. WEAPON SERIAL NO. (Include Letters) [REDACTED] | | 50. CHICAGO GUN REG. NO. [REDACTED] | | 51. FIREARM OWNER ID NO. [REDACTED] | | 52. HANDGUN CERTIFICATE NO. [REDACTED] |
| | 53. SPECIAL WEAPON CERTIFICATE NO. [REDACTED] | | 54. PROPERTY INVENTORY NO. [REDACTED] | | 55. TYPE OF AMMUNITION USED [REDACTED] | | 56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED] | | 57. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED] |
| | 58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO | | 60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED] | | 61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | 62. DID MEMBER USE SIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CASE INFO. | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | | 65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-25 FT. <input type="checkbox"/> 02 26-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) |
| | 68. NOTIFICATIONS (00 OR TASER INCIDENT): <input type="checkbox"/> OFMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. | | 69. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV. | | 70. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | 71. REPORTING MEMBER (Print Name) HOFFMANN JR, EUGENE L | | 72. STAR NO 18483 |
| SIGNATURES | 73. REPORTING MEMBER (Print Name) HOFFMANN JR, EUGENE L | | 74. REVIEWING SUPERVISOR (Print Name) STANEK, VICTORIA L | | 75. DATE REVIEWED 11-NOV-2011 17:42:25 | | 76. TIME 11-NOV-2011 17:42:25 | | 77. SIGNATURE [REDACTED] |

CPD-11.377 (REV. 10/07)

FROM: (3127478545)

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TO: 3127453592
11/11/11 05:53 PM

CPD 0022013

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBERS USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject hospitalized for mental treatment.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information, the officer's actions were in compliance with department directives.

IPFLA Johnson 10306 1719hrs

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRND. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

OSTROWSKI, DONALD J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

11-NOV-2011 17:43:41

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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